



# 2011-12 California Children's Services Report



California Managed Risk Medical Insurance Board  
Benefits and Quality Monitoring Division

May 2013



## Healthy Families Program (HFP)

---

*MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, and cost effective health care services to improve the health of Californians.*

Janette Casillas  
Executive Director  
Managed Risk Medical Insurance Board

Ellen Badley  
Deputy Director  
Benefits & Quality Monitoring Division

Muhammad Nawaz  
Research Manager II  
Benefits & Quality Monitoring Division

Prepared by:  
Juanita Vaca  
Research Analyst II  
Benefits & Quality Monitoring Division

# Table of Contents

Executive Summary .....	2
Introduction.....	2
Background.....	2
Key Findings .....	2
Conclusion .....	3
About The California Children’s Services (CCS) Program.....	4
Program Overview .....	4
Who Qualifies for CCS Services.....	4
CCS Eligible Conditions.....	4
CCS Services .....	5
Funding .....	5
Coordination Between CCS and HFP Plans .....	5
CCS Referral Trends .....	7
Referred CCS Cases.....	8
CCS Expenditures .....	9
Expenditures by Medical Condition.....	10
Appendices	
Appendix A. HFP Children Referred to CCS by Age and Status .....	11
Appendix B. Expenditures by Medical Condition .....	12
Appendix C. Service Type Expenditures by Programs .....	13
Appendix D. HFP/CCS Expenditure Trends by Service Type .....	14
Appendix E. HFP/CCS Expenditures by County 2011-12.....	15
Appendix F. Data Sources .....	16

**This page intentionally left blank**

# Executive Summary

---

## Introduction

The California Children's Services (CCS) Report for the Healthy Families Program (HFP) presents information on health, dental and vision services provided to HFP children by CCS from October 1, 2011 to September 30, 2012 (benefit year 2011-2012). Each benefit year, 31 HFP contracted plans are required to report information regarding the number of children the plan referred to CCS for assessment and possible treatment of serious and/or chronic conditions. This report contains information on 31 health and dental plans. Vision plans reported no referrals or active CCS cases and are not included in this report.

In addition to plan data, the Managed Risk Medical Insurance Board (MRMIB) obtains CCS enrollment and expenditure data from the Department of Health Care Services (DHCS), Children's Medical Services Branch (CMS), including:

- Number of referrals plans made to county CCS programs in benefit year 2011-2012;
- Number of active HFP/CCS cases by plan;
- Predominant conditions of HFP children served by CCS; and,
- Cost of providing care to HFP/CCS children.

MRMIB also tracks trends in costs and services provided to HFP children with CCS-eligible conditions to ensure that children are receiving all covered medically necessary services.

## Background

The CCS Program provides services to children with certain health conditions such as diabetes, nerve and heart diseases, and congenital birth defects. CCS arranges, directs and pays for medical services, equipment and rehabilitation services provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by each county under the oversight of DHCS. CCS is supported by county, state and federal funds.

Children who are eligible for CCS must have a CCS-eligible condition and are either:

- Enrolled in HFP;
- Enrolled in Medi-Cal; or
- California residents under age 21 with an annual household income of \$40,000 or less.

HFP plans are required to refer a child to the CCS county program if the plan suspects the child could be eligible for CCS services. Once CCS determines whether a child has a CCS-eligible condition and CCS is providing services to the child, all services and care associated with the child's CCS condition that are authorized by CCS are delivered by CCS-approved providers outside the child's HFP health or dental plan and network. This is known as the CCS "carve-out."

The child's HFP plan is responsible for providing all other necessary covered health, dental and vision care not provided by CCS.

## Key Findings

Analysis of data submitted by health and dental plans, DHCS and CCS revealed several key findings:

- In 2011-12, HFP plans referred 19,290 children, or 2 percent total enrollment, to CCS. This was higher than in 2010-11 when 16,799 children were referred.
- CCS accepted the majority (82 percent) of referrals made by HFP plans.
- The majority of HFP children referred to CCS were over age 10.

## Executive Summary

---

- The average active CCS cases for HFP/CCS were 23,353 (13 percent), CCS only 18,800 (11 percent), and Medi-Cal 135,866 (76 percent). (Appendix C)
- While the CCS caseload decreased slightly, annual expenditures for HFP-enrolled CCS children decreased significantly, from approximately \$215 million in 2010-11 to \$132 million in 2011-12, a decrease of 38 percent.
- The 2011-12 annual expenditure amounts are similar to the 2009-10 expenditures. DHCS has not been able to account for the fluctuation of expenditures. It could be that some claims paid in 2010-11 were for services provided in previous years, which may explain the one year spike in expenditures.
- HFP children represent 13 percent of the overall CCS population, but only account for 6 percent of total CCS expenditures.
- The average annual cost of HFP enrolled CCS children decreased by 35 percent, from an average of \$8,707 in 2010-11 to \$5,666 in 2011-12. The average annual cost is comparable to the 2009-10 costs of \$5,132.
- The average cost per HFP enrolled child was significantly lower (\$5,666) than the comparable cost for Medi-Cal enrolled children (\$14,096) receiving CCS services in 2011-12.
- The top medical conditions by expenditures were:
  - Coagulation disorders;
  - Malignancies;
  - Premature/live birth;
  - Infectious disease;
  - Cardiac;

- Gastrointestinal; and
- Congenital anomalies.

## Conclusion

Overall, HFP plans and CCS continue to address the medical needs of HFP enrolled CCS children. Inland Empire Health Plan and Ventura County Health Care Plan made the highest percentage of referrals. The high acceptance rate indicates they are doing a good job in screening and referring children to CCS.

In 2013, HFP children will transition to the Medi-Cal Program. As a result, this is the last report on CCS for HFP that MRMIB will publish.

# About the California Children Services (CCS) Program

---

## Program Overview

CCS provides services under Title V of the Social Security Act, which mandates the provision of care to children with special health care needs. This includes children with certain health conditions such as diabetes, nerve and heart diseases, and congenital birth defects. CCS arranges, directs and pays for medical services, equipment and rehabilitation services provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by each county under the oversight of DHCS. CCS is supported by county, state and federal funds. County CCS programs provide the following services:

- Assist children and families in navigating the CCS system;
- Authorize services, claims approval and processing;
- Provide information on CCS eligibility status; and
- Assist providers to obtain CCS-approved status.

Statute and regulations governing HFP require that HFP- contracted plans refer a child to the county CCS program if the plan suspects the child could be eligible for CCS. CCS then determines whether a child has a CCS-eligible condition. Once a child is determined eligible for CCS and service provision has begun, all services and care associated with the child's CCS condition and authorized by CCS are delivered by CCS-approved providers outside the child's HFP health or dental plan and network. This is known as the CCS "carve-out."

The child's HFP-contracted plan continues to be responsible for covering all other necessary health, dental and vision care not covered and provided by CCS.

## Who qualifies for CCS?

Children who meet one of the following conditions are eligible to receive CCS services:

- Any HFP enrolled child with a CCS eligible condition;
- Any Medi-Cal beneficiary with a CCS eligible condition;
- Other California children who meet the medical, residential and financial eligibility requirements of CCS, including those who:
  - Have a CCS-eligible condition;
  - Are under 21 years of age;
  - Have a family income of \$40,000 or less;
  - Have out-of-pocket medical expenses expected to be more than 20 percent of family income; and
  - Are a California resident.

## CCS Eligible Conditions

CCS eligible conditions include:

- Conditions involving the heart (e.g., congenital heart diseases, rheumatic heart disease);
- Neoplasms (e.g., cancer, tumors);
- Blood/coagulation disorders (e.g., Hemophilia A and B, sickle cell anemia);
- Disorders of the respiratory system (e.g., cystic fibrosis, chronic lung disease);
- Disorders of the genito-urinary system (e.g., serious kidney problems);
- Endocrine, nutritional and metabolic disorders (e.g., thyroid problems, PKU, diabetes);
- Disorders of the gastrointestinal system (e.g., chronic inflammatory disease, diseases of the liver such as biliary atresia);
- Serious birth defects (e.g., cleft lip/palate, spina bifida);
- Disorders of the sense organs (e.g., hearing loss, glaucoma and cataract);
- Disorders of the nervous system (e.g., cerebral palsy, uncontrolled seizures);

## About the California Children Services (CCS) Program

---

- Disorders of the musculoskeletal system and connective tissues (e.g., rheumatoid arthritis, muscular dystrophy);
- Severe disorders of the immune system (e.g., HIV infection);
- Disabling conditions or poisonings requiring intensive care or rehabilitation (e.g., severe head, brain or spinal cord injuries, severe burns);
- Complications of premature birth requiring an intensive level of care;
- Disorders of the skin and subcutaneous tissue (e.g., severe hemangioma); and,
- Medically handicapping malocclusion (e.g., severely crooked teeth).

### CCS Services

CCS covers all medically necessary services and treatment for the child's CCS condition, including:

- Physician services;
- Emergency services;
- Inpatient and outpatient hospital services;
- Home health care;
- Prescription medications;
- Diagnostic services, such as laboratory tests and x-rays;
- High-risk infant follow-up; and
- Orthopedic appliances and durable medical equipment.

CCS provides medical case management, including:

- Assistance obtaining specialty care;
- Referral to other agencies, including public health nurses and regional centers;

- Coordination of specialty care center services for complex medical conditions that require many specialists working together;
- Arranging for physical therapy and/or occupational therapy in public schools;
- Other services to help parents and children, such as counseling, transportation to medical appointments, lodging and meals, where appropriate; and
- Other medical services when determined by CCS to be medically necessary.

### Funding

Funding for CCS provided to HFP subscribers comes from a combination of federal, state and county funds. The proportion of funding from each source varies based on the family's income level.

### Coordination between CCS and HFP Plans

HFP health, dental and vision plans enter into a Memorandum of Understanding (MOU) with each county's CCS program in which the plan serves HFP subscribers.

The MOU describes the plan and county CCS program responsibilities in the following areas:

- Designation of plan and county liaisons;
- Communication process;
- Process for making referrals to CCS;
- Case management; and
- Problem resolution.

To facilitate clear communication and address systemic issues, MRMIB hosts workgroup meetings with county CCS programs, the state CCS program, and HFP plans. The meetings ensure that



## About the California Children Services (CCS) Program

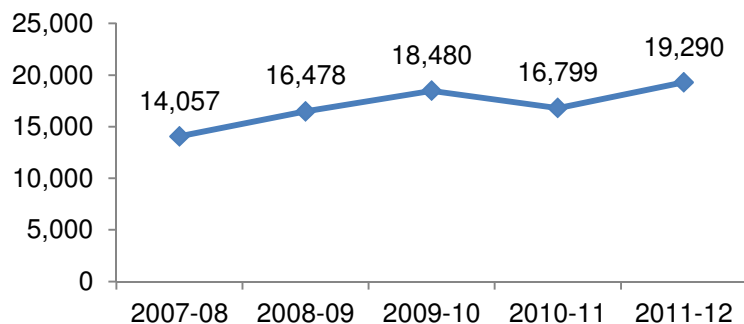
---

HFP children obtain the services and treatment they need for their CCS conditions.

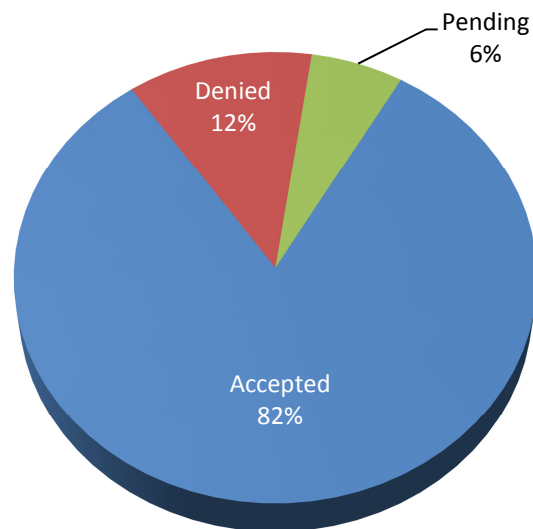
In addition, when complaints are received, MRMIB staff work with HFP subscribers, counties and plans to resolve the complaints and ensure that medically necessary covered services are properly provided.

## CCS Referral Trends

**Chart 1. Trends for HFP Plan Referrals to CCS**



**Chart 2. HFP Referral Status in 2011-12**



### Key Findings

- For the 2011-12 benefit year, HFP-participating health plans referred 19,290 HFP children to CCS. This was an increase from 2010-11 when 16,799 referrals were made.
- HFP referrals to CCS accounted for 2 percent of total enrollment.
- Health plans referred the majority (16,988) of children, with dental plans referring 2,302 children to CCS.
- Of the 19,290 referrals made in 2011-12 by HFP plans, 82 percent were accepted by CCS. This is comparable to last year when 81 percent were accepted.
- Over 64 percent of referrals were for children over the age of 10, with 40 percent between ages 14 to 18.

## Referred CCS Cases

**Table 1. Number of Referrals Made by Plan**

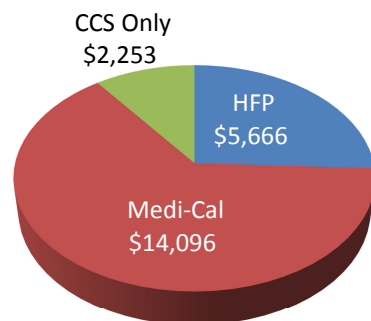
Plan Name	No. of HFP Children Referred	Enrollment	Percentage of Enrollment
Inland Empire Health Plan	5,503	56,502	9.74%
Ventura County Health Care Plan	586	11,002	5.33%
Community Health Group	831	24,159	3.44%
CalOptima	1,133	35,956	3.15%
Blue Shield EPO	116	4,652	2.49%
Health Net HMO	2,615	136,257	1.92%
Contra Costa Health Services	89	4,663	1.91%
Health Plan of San Joaquin	437	23,661	1.85%
Kern Family Health Care	183	10,627	1.72%
Blue Shield HMO	402	23,949	1.68%
Central Coast Alliance for Health	359	23,771	1.51%
Kaiser Foundation Health Plan	2,555	191,831	1.33%
Alameda Alliance for Health	113	10,163	1.11%
Anthem Blue Cross EPO	772	71,712	1.08%
CenCal Health	79	9,379	0.84%
Anthem Blue Cross HMO	959	123,382	0.78%
San Francisco Health Plan	36	7,165	0.50%
Molina Healthcare	144	31,852	0.45%
Santa Clara Family Health Plan	33	16,889	0.20%
Community Health Plan	13	9,918	0.13%
LA Care	15	11,504	0.13%
Care 1st Health Plan	12	12,453	0.10%
Health Plan of San Mateo	3	6,020	0.05%
Partnership Health Plan	0	2,436	0.00%
<b>Health Plan Totals</b>	<b>16,988</b>	<b>859,903</b>	<b>2.0%</b>
Health Net Dental	1,038	152,683	0.68%
Western Dental Services	657	119,116	0.55%
Safeguard Dental	548	128,143	0.43%
Access Dental	33	165,739	0.02%
Delta Dental	26	230,534	0.01%
Delta Care	0	42,736	0.00%
Premier Access Dental	0	20,952	0.00%
<b>Dental Plan Totals</b>	<b>2,302</b>	<b>859,903</b>	<b>0.3%</b>

## Key Findings

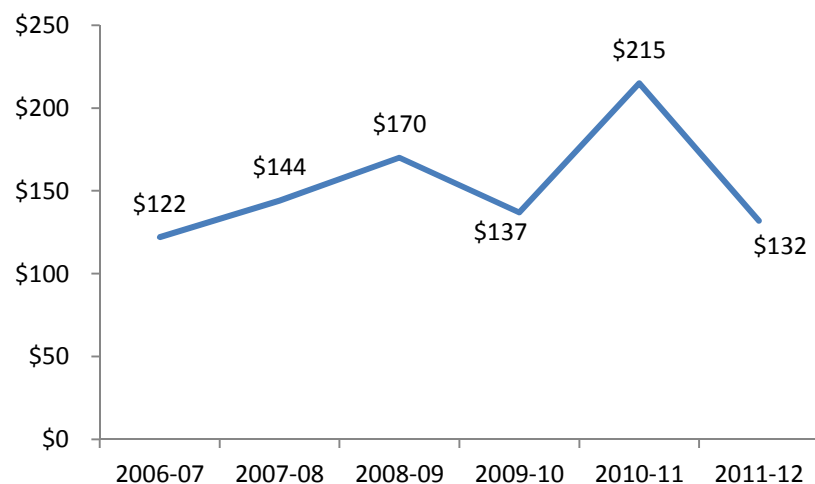
- In year 2011-12, health and dental plans referred 19,290 HFP children to CCS.
- The percentage of HFP children referred varied from 0 to 10 percent between plans with an overall average of 2 percent.
- The following four health plans referred 3 percent or more of HFP enrolled children to CCS:
  - Inland Empire Health Plan;
  - Ventura County Health Care Plan;
  - Community Health Plan; and
  - CalOptima
- Inland Empire Health Plan and Ventura County Health Care Plan had the highest number of referrals (10 percent and 5 percent, respectively).
- Referrals from dental plans were very low at 0.3 percent, which can be attributed to the fact that there is only one dental condition covered by CCS.

## CCS Expenditures

**Chart 3. Average Annual Expenditure Per Child in 2011-12**



**Chart 4. Total HFP/CCS Expenditures from 2006 to 2012**

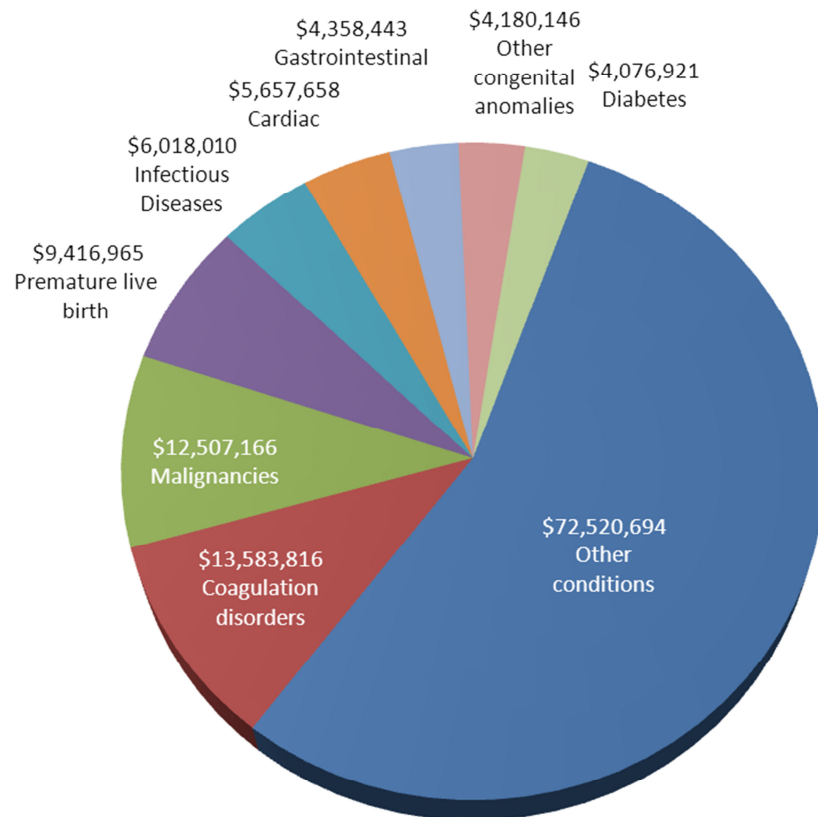


### Key Findings

- HFP accounts for approximately 13 percent of total CCS caseload each month. (Appendix C)
- As of September 30, 2012, there were 23,353 active CCS cases for HFP children, representing 2 percent of total HFP enrollment.
- The average annual cost per active case for HFP children was \$5,666. This is 40 percent lower than the comparable cost of those children enrolled in Medi-Cal.
- Total annual expenditures for HFP children receiving services from CCS decreased from \$215 million in 2010-11 to \$132 million in 2011-12, a decrease of 38 percent and similar to 2009-10 expenditures.
- Expenditures in 2011-12 decreased for service types as follows (Appendix E):
  - Pharmaceuticals decreased 16 percent from \$42 million to \$36 million;
  - Outpatient services decreased 20 percent from \$9 million to \$7 million;
  - Inpatient services decreased 51 percent from \$94 million to \$46 million; and,
  - Medical/Physician services decreased by 36 percent from \$55 million to \$35 million.

## Expenditures by Medical Condition

Chart 5. Expenditures by Medical Condition



### Key Findings

- Forty five percent of expenditures were in the following eight conditions:
  - Coagulation disorders, including conditions such as hemophilia, accounted for 10 percent of expenditures;
  - Malignancies, including various types of cancer, accounted for 9 percent of expenditures;
  - Premature/live birth accounted for 7 percent of expenditures;
  - Infectious Diseases, such as those involving the central nervous system, bone, or eye that lead to physical disabilities or blindness accounted for 5 percent of expenditures;
  - Cardiac, including a range of congenital heart problems and diseases of the heart, represented 4 percent of total expenditures; and
  - Gastrointestinal, other Congenital Anomalies and Diabetes each represented 3 percent of expenditures.
- Fifty five percent of expenditures were incurred on all other conditions.

## Appendix A. HFP Children Referred to CCS by Age and Status

Benefit Year 2011-2012	Referrals by Age							Status of Plan Referrals								
	Under age 1	1-2 years	3-5 years	6-9 years	10-13 years	14-18 years	Total	Accepted		Denied		Pending		Total	Family Refuse	Active Cases
								#	%	#	%	#	%			
Health Plans																
Alameda Alliance for Health	3	9	20	29	26	26	113	63	56%	38	34%	12	11%	113	0	33
Anthem Blue Cross (EPO)	104	41	87	93	144	303	772	498	65%	122	16%	152	20%	772	0	498
Anthem Blue Cross (HMO)	244	70	68	119	157	301	959	623	65%	181	19%	155	16%	959	0	623
Blue Shield (EPO)	6	21	21	24	20	24	116	58	50%	24	21%	34	29%	116	0	317
Blue Shield (HMO)	20	40	56	72	90	124	402	178	44%	109	27%	115	29%	402	0	1,556
CalOptima	3	29	117	241	288	455	1,133	1,074	95%	40	4%	19	2%	1,133	0	655
Care 1st Health Plan	0	1	2	1	3	5	12	6	50%	6	50%	0	0%	12	0	60
Central Coast Alliance for Health	24	41	40	57	60	137	359	268	90%	7	2%	24	8%	299	60	387
CenCal Health	9	3	12	18	16	21	79	56	71%	22	28%	1	1%	79	0	405
Community Health Group	18	61	104	141	221	286	831	525	63%	279	34%	27	3%	831	0	525
Community Health Plan	0	0	3	4	2	4	13	11	85%	2	15%	0	0%	13	0	64
Contra Costa Health Services	1	1	16	17	21	33	89	55	62%	34	38%	0	0%	89	0	55
Health Net (HMO)	73	240	303	303	621	1,075	2,615	2,044	78%	503	19%	68	3%	2,615	0	2,044
Health Plan of San Joaquin	11	35	56	84	92	159	437	285	65%	129	30%	23	5%	437	0	313
Health Plan of San Mateo	0	0	0	0	2	1	3	1	33%	1	33%	1	33%	3	0	65
Inland Empire Health Plan	19	391	597	959	1,404	2,133	5,503	5,426	99%	17	0%	60	1%	5,503	0	1,439
Kaiser Foundation Health Plan	248	275	275	396	546	815	2,555	1,859	73%	420	16%	271	11%	2,550	5	4,695
Kern Family Health Care	3	4	17	37	38	84	183	169	92%	11	6%	3	2%	183	0	178
LA Care	0	0	3	5	2	5	15	12	80%	2	13%	1	7%	15	0	92
Molina Healthcare	0	2	9	34	36	63	144	138	96%	5	3%	1	1%	144	0	138
Partnership Health Plan	0	0	0	0	0	0	0	0	0%	0	0%	0	0%	0	0	0
San Francisco Health Plan	10	2	0	5	8	11	36	22	67%	10	30%	1	3%	33	3	23
Santa Clara Family Health Plan	0	0	3	9	9	12	33	32	97%	1	3%	0	0%	33	0	27
Ventura County Health Care Plan	10	38	81	122	154	181	586	416	71%	150	26%	20	3%	586	0	340
Health Plan Referrals	806	1,304	1,890	2,770	3,960	6,258	16,988	13,819	82%	2,113	12%	988	6%	16,920	68	14,532
Access Dental	0	0	0	1	16	16	33	9	27%	4	12%	20	61%	33	0	9
Delta Dental	0	0	0	0	10	16	26	1	4%	1	4%	24	92%	26	0	41
Delta Care USA	0	0	0	0	0	0	0	0	0%	0	0%	0	0%	0	0	0
Health Net Dental	0	0	0	99	217	722	1,038	961	93%	37	4%	31	3%	1,029	9	10,823
Premier Access Dental	0	0	0	0	0	0	0	0	0%	0	0%	0	0%	0	0	0
Safeguard Dental	0	0	0	3	190	355	548	503	92%	45	8%	0	0%	548	0	503
Western Dental Services	1	0	0	0	285	371	657	573	87%	82	13%	1	0%	656	1	574
Dental Plan Referrals	1	0	0	103	718	1,480	2,302	2,047	89%	169	7%	76	3%	2,292	10	11,950
Total Referrals	807	1,304	1,890	2,873	4,678	7,738	19,290	15,866	83%	2,282	12%	1,064	6%	19,212	78	26,482

In 2011-12 Vision Plans made no referrals to CCS.

## Appendix C. Service Type Expenditures by Programs

Medical Condition	2009-10	2010-11	2011-12
Other conditions	\$43,475,681	\$62,423,325	\$48,140,449
Coagulation disorders	\$18,294,343	\$25,618,377	\$13,583,816
Malignancies	\$11,981,341	\$22,763,151	\$12,507,166
Prematurity/live birth	\$10,972,037	\$17,550,817	\$9,416,965
Infectious diseases	\$6,822,030	\$9,438,514	\$6,018,010
Cardiac	\$7,330,141	\$12,577,012	\$5,657,658
Gastrointestinal	\$5,233,476	\$6,217,907	\$4,358,443
Other congenital anomalies	\$5,400,424	\$8,903,627	\$4,180,146
Diabetes	\$2,980,355	\$4,762,798	\$4,076,921
Other fractures	\$393,788	\$5,617,717	\$3,213,082
Other trauma	\$4,790,448	\$6,523,140	\$2,490,339
Scoliosis	\$3,616,176	\$5,721,437	\$2,471,567
Ear, Nose and Throat	\$2,208,870	\$2,839,469	\$2,210,883
Renal	\$2,174,157	\$3,599,108	\$1,815,435
Metabolic disorders	\$1,407,709	\$2,065,252	\$1,716,845
Connective tissue disorders	\$1,267,244	\$1,521,472	\$1,549,108
Hemoglobinopathies	\$382,754	\$1,648,782	\$1,321,797
Cystic fibrosis	\$1,261,426	\$2,582,965	\$1,187,212
Ophthalmology	\$1,163,174	\$1,657,415	\$1,168,760
Pituitary disorders	\$842,229	\$1,262,423	\$1,047,736
Anemias	\$545,277	\$2,578,204	\$782,714
Cleft palate/lip	\$668,105	\$943,066	\$717,948
Cerebral palsy	\$450,661	\$732,454	\$443,983
Immune disorders	\$848,858	\$620,116	\$442,143
Thyroid disorders	\$357,910	\$600,434	\$431,145
Spina bifida	\$490,816	\$568,569	\$419,052
Head injury/skull fracture	\$1,478,770	\$2,980,634	\$406,084
Asthma	\$243,564	\$421,870	\$321,676
Myopathies	\$266,819	\$320,735	\$222,736
<b>Total</b>	<b>\$137,348,583</b>	<b>\$215,060,790</b>	<b>\$132,319,819</b>

## Appendix C. Service Type Expenditures by Programs

Services	CCS Healthy Families	CCS Only	CCS Medi-Cal
	(Ages 0-18)	Ages (0-20)	Ages (0-20)
<b>Average Active CCS Case*</b>	<b>23,353 (13%)</b>	<b>18,800 (11%)</b>	<b>135,866 (76%)</b>
Pharmaceuticals			
National Drug Code billing	\$32,408,131	\$9,291,601	\$240,718,995
MD injections	\$3,101,652	\$2,149,027	\$23,989,153
Inpatient	\$46,244,649	\$11,265,701	\$1,023,109,755
Outpatient			
Medical Supplies	\$1,317,936	\$1,074,196	\$23,724,950
Durable Medical Equipment	\$2,029,016	\$1,976,029	\$44,792,795
Prosthetics & Orthotics	\$934,560	\$527,703	\$11,755,928
Special Care Centers services	\$1,496,948	\$927,174	\$12,025,073
Hospital/Outpatient room charges	\$1,298,407	\$486,424	\$9,340,255
Medical/Physician			
Physician services	\$18,419,176	\$5,768,126	\$205,546,389
Blood factor	\$14,451,451	\$4,016,654	\$154,096,089
Audiology			
Hearing Aids	\$833,049	\$520,660	\$5,737,129
Cochlear Implant	\$745,106	\$264,609	\$3,824,636
Audiology & Speech services	\$570,496	\$217,537	\$3,990,953
Therapies (Occupational & Physical)	\$220,412	\$92,183	\$12,577,162
Other Services	\$8,248,830	\$3,774,594	\$139,984,889
<b>Total</b>	<b>\$132,319,819</b>	<b>\$42,352,218</b>	<b>\$1,915,214,151</b>

\*Percentage of CCS cases by program compared to all CCS cases in California.



## Appendix D. HFP/CCS Expenditure Trends by Service Type

CCS Service Type	2009-10		2010-11		2011-12		Decrease from Prior Year
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	
<b>Pharmaceuticals</b>	<b>\$23,753,700</b>	<b>17%</b>	<b>\$42,038,059</b>	<b>20%</b>	<b>\$35,509,783</b>	<b>27%</b>	<b>-16%</b>
National Drug Code Billing	\$21,896,153	92%	\$38,356,042	91%	\$32,408,131	24%	
MD Injections	\$1,857,547	8%	\$3,682,017	9%	\$3,101,652	2%	
<b>Inpatient</b>	<b>\$58,985,008</b>	<b>43%</b>	<b>\$94,437,458</b>	<b>44%</b>	<b>\$46,244,649</b>	<b>35%</b>	<b>-51%</b>
<b>Outpatient</b>	<b>\$5,463,469</b>	<b>4%</b>	<b>\$8,804,016</b>	<b>4%</b>	<b>\$7,076,867</b>	<b>5%</b>	<b>-20%</b>
Medical Supplies	\$962,646	18%	\$1,485,074	17%	\$1,317,936	1%	
Durable Medical Equipment	\$1,467,676	27%	\$2,358,288	27%	\$2,029,016	2%	
Prosthetics & Orthotics	\$812,489	15%	\$1,451,095	16%	\$934,560	1%	
Special Care Centers Services	\$1,138,528	21%	\$1,869,254	21%	\$1,496,948	1%	
Hospital Outpatient	\$1,082,130	20%	\$1,640,305	19%	\$1,298,407	1%	
<b>Medical/Physician</b>	<b>\$46,615,223</b>	<b>34%</b>	<b>\$54,644,621</b>	<b>25%</b>	<b>\$35,239,690</b>	<b>27%</b>	<b>-36%</b>
Physician Services	\$16,881,960	36%	\$25,905,634	47%	\$18,419,176	14%	
Blood Factor	\$27,814,126	60%	\$26,164,084	48%	\$14,451,451	11%	
Audiology	\$1,734,223	4%	\$2,270,315	4%	\$2,148,651	2%	
Therapies (Occupational & Physical)	\$184,914	0%	\$304,588	1%	\$220,412	0%	
<b>Other Services</b>	<b>\$2,531,183</b>	<b>2%</b>	<b>\$15,136,636</b>	<b>7%</b>	<b>\$8,248,830</b>	<b>6%</b>	<b>-46%</b>
<b>Total</b>	<b>\$137,348,583</b>	<b>100%</b>	<b>\$215,060,790</b>	<b>100%</b>	<b>\$132,319,819</b>	<b>100%</b>	

## Appendix E. HFP/CCS Expenditures by County 2011-12

County	Expenditure Amount	County	Expenditure Amount
ALAMEDA	\$3,208,109	ORANGE	\$9,176,129
AMADOR	\$59,665	PLACER	\$637,386
BUTTE	\$222,638	PLUMAS	\$31,638
CALAVERAS	\$129,076	RIVERSIDE	\$9,571,083
COLUSA	\$145,106	SACRAMENTO	\$3,564,552
CONTRA COSTA	\$1,847,828	SAN BENITO	\$328,679
DEL NORTE	\$33,991	SAN BERNARDINO	\$7,719,748
EL DORADO	\$360,663	SAN DIEGO	\$15,349,697
FRESNO	\$5,325,488	SAN FRANCISCO	\$1,230,558
GLENN	\$190,037	SAN JOAQUIN	\$1,126,957
HUMBOLDT	\$406,771	SAN LUIS OBISPO	\$993,357
IMPERIAL	\$1,025,047	SAN MATEO	\$433,607
INYO	\$16,702	SANTA BARBARA	\$1,454,482
KERN	\$3,697,513	SANTA CLARA	\$3,019,225
KINGS	\$901,637	SANTA CRUZ	\$791,565
LAKE	\$329,263	SHASTA	\$499,097
LASSEN	\$64,909	SISKIYOU	\$84,100
LOS ANGELES	\$39,485,282	SOLANO	\$458,405
MADERA	\$752,087	SONOMA	\$789,780
MARIN	\$453,429	STANISLAUS	\$1,666,634
MARIPOSA	\$50,834	SUTTER	\$361,403
MENDOCINO	\$189,443	TEHAMA	\$160,478
MERCED	\$2,586,949	TRINITY	\$2,136
MODOC	\$5,812	TULARE	\$3,218,489
MONO	\$181,702	TUOLUMNE	\$266,183
MONTEREY	\$3,505,377	VENTURA	\$2,435,515
NAPA	\$717,631	YOLO	\$463,090
NEVADA	\$427,921	YUBA	\$164,936
		<b>TOTAL</b>	<b>\$132,319,819</b>

## Appendix F. Data Sources

---

CCS data is collected from two sources. One source is data on HFP children referred to CCS collected from health, dental and vision plans that are required to submit this data to MRMIB annually.

The other source is CCS, which annually provides MRMIB with data on expenditures by county and CCS condition for all HFP children receiving CCS services. DHCS also reports monthly enrollment of HFP subscribers in CCS. This data is used to compute total CCS active cases and expenditures per child.

There are challenges to collecting and reporting on services received by HFP children from the CCS program, including:

- A child could be counted as an active CCS case under the health, dental and vision plans, resulting in a child being counted multiple times.
- Expenditure data is based on payment of claims. There is often a lag between the time a referral is made and claims are submitted. This can result in a referral showing up in one benefit year and the claim and expenditure data for this child being reported in the subsequent benefit year.